

COMMUNITY HEALTH DIVISION

December 2001

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Board of Health Report

Oral Health Program

Background: In May 2000, the Surgeon General issued his first report on Oral Health; it stated that dental disease is largely a preventable condition that affects certain population groups more significantly than others. Action was called for to promote access to oral health care for all Americans, especially disadvantaged and minority children found to be at greatest risk for severe medical complications from minimal oral care and treatment. The November 2001 Mortality and Morbidity Weekly Report (MMWR) from the Centers for Disease Control and Prevention (CDC & P) reported on population-based, oral health activities having the strongest evidence of efficacy. Water fluoridation and school-based dental sealant programs were strongly recommended. Snohomish Health District (SHD) started its Oral Health Program in 1987. Program activities have included informational support for water fluoridation, oral health status assessment, school based sealant application, and, beginning in 1995, linkage of low-income children to dentists accepting SHD referred children with Medicaid.

Assessment: Monitor health status to identify community health problems. Assessment of oral health status is an ongoing activity. Comparison of Snohomish County data to Healthy People 2010** targets for oral health show efforts to assist low-income children are still needed.

6 – 8 years of age	<u>Healthy People</u> ** 2010 Target	Snohomish County in 2000*	
		All children	Low income children
Have had tooth decay	42%	55%	60%
Have untreated tooth decay	21%	26%	40%

Low income children	<u>Healthy People</u> ** 2010 Target	Snohomish County in 2000***		
		Birth-18 years	Birth-5 years	Birth-3 years
Proportion that visited the dentist in the last year	57%	33%	21%	12%

Policy development: Mobilize community partnerships to identify and solve health problems.

SHD's provision of informational support for the successful water fluoridation campaign in this county is a strong example of a policy development activity of the oral health program. More recently, work is focused on increasing the availability of preventive oral health services to low income children starting with their first tooth until the time of their third birthday. The standard of dental care in Snohomish County has been to begin dental care on the third birthday. By this time, it is often too late to prevent decay. With the University of Washington Department of Pediatric Dentistry, Washington Dental Service Foundation, and Medical Assistance Administration, SHD hosted fall training for dental offices in early

preventive dental care. To date, 19 local dentists received this training; another training is scheduled for spring 2002.

Assurance: Link people to needed personal health services and assure the provision of health care when otherwise unavailable. SHD has developed a network of 66 dentists who will accept SHD referred children with Medicaid. Dentists are willing to accept SHD referred children because the Health District limits referrals to the dentist's specifications and talks with families about how to have a good relationship with the dental office. SHD also provides sealants at the lowest income schools to 350 children/year.

*Source: Snohomish Health District, Smile Survey, 2000.

**Source: Healthy People 2010, US Department of Health and Human Services November 2000.

***Source: Washington State Department of Social and Health Services, Medicaid, 2000.